

Ohio Department Of Health  
VITAL STATISTICS  
**CERTIFICATE OF DEATH**  
TYPE OR PRINT IN PERMANENT BLACK INK

Reg. Dist. No. \_\_\_\_\_

Primary Reg. Dist. No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

State File No. \_\_\_\_\_

DO NOT WRITE IN  
MARGIN  
RESERVED FOR ODH  
DATA CODING

b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_  
e. \_\_\_\_\_

IF DEATH OCCURRED  
IN INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION →

DECEASED

INFORMANT

DISPOSITION

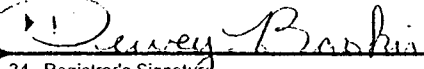
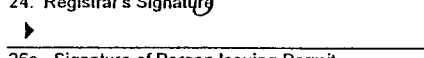

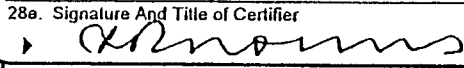
REGISTRAR

CERTIFIER

CAUSE OF DEATH

SEE INSTRUCTIONS  
ON REVERSE SIDE

HEA 2717  
5152.06 Rev. 2/97

1. Decedent's Name (First, Middle, LAST) <b>Roger OWENSBY Jr.</b>						2. Sex <b>Male</b>		3. Date Of Death (Month, Day, Year) <b>November 7, 2000</b>	
4. Social Security Number <b>574 - 76 - 9267</b>		5a. Age-Last Birthday (Years) <b>29</b>		5b. Under 1 Year Months _____ Days _____		5c. Under 1 Day Hours _____ Minutes _____		6. Date of Birth (Month, Day, Year) <b>March 27, 1971</b>	
7. Birthplace (City, County and State or Foreign Country) <b>Cincinnati, OH</b>		8. Was Decedent Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
9. Place of Death (Check Only One) Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____								9d. County of Death <b>Hamilton</b>	
9b. Facility Name (If Not Institution, Give Street And Number) <b>University of Cincinnati Hospital</b>				9c. City, Village, Twp., or Location of Death <b>Cincinnati</b>				9d. County of Death <b>Hamilton</b>	
10. Marital Status (Married, Never Married, Widowed, Divorced) (Specify) <b>Divorced</b>		11. Surviving Spouse (If Wife, Give Maiden Name)		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired.) <b>Chef</b>		12b. Kind Of Business/Industry <b>Food Service</b>			
13a. Residence-State <b>OH</b>		13b. County <b>Hamilton</b>		13c. City, Town, Twp., or Location <b>Cincinnati</b>		13d. Street and Number <b>6570 Monte Vista Drive</b>			
13e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP Code <b>45224</b>		14. Was Decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)		15. Race-American Indian, Black, White, etc. (Specify) <b>Black</b>		16. Decedent's Education (Specify Only Highest Grade Completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)	
17. Father's Name (First, Middle, Last) <b>Roger Owensby</b>						18. Mother's Name (First, Middle, Maiden Surname) <b>Brenda Ray</b>			
19a. Informant's Name (Type, Print) <b>Roger Owensby</b>				19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>6570 Monte Vista Drive Cincinnati, OH 45224</b>					
20a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		20b. Place of Disposition (Name of Cemetery, Crematory or Other Place) <b>Crown Hill Memorial Park</b>				20c. Location City Or Town, State <b>Cincinnati, OH</b>			
20d. Date of Disposition <b>November 14, 2000</b>		21a. Name of Embalmer (First, Middle, Last) <b>Dewey Baskin</b>				21b. License Number <b>6581A</b>			
22a. Signature of Funeral Director or Other Person 		22b. License Number (of Licensee) <b>5697</b>		23. Name and Address of Facility (Include City, State and ZIP code) <b>Thompson, Hall and Jordan Funeral Service 11400 Winton Road, Forest Park, Ohio 45240</b>					
24. Registrar's Signature 		25. Date Filed (Month, Day, Year)							
26a. Signature of Person Issuing Permit 						26b. Dist. No.		27. Date Permit Issued	
28a. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner as stated.									
<input checked="" type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner as stated.									
28b. Time of Death <b>8:47 P.M.</b>		28c. Date pronounced Dead (Month, Day, Year) <b>November 7, 2000</b>				28d. Was Case Referred to Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
28e. Signature And Title of Certifier  <b>M.D. Coroner</b>						28f. License Number <b>35-04-5999</b>		28g. Date Signed (Month, Day, Year) <b>December 4, 2000</b>	
29. (Type/Print) Name (First, Middle, Last) And Address of Person who Completed Cause of Death (Include City, State and ZIP code) <b>Carl L. Parrott, Jr., M.D., Coroner, 3159 Eden Avenue, Cincinnati, Ohio 45219</b>									
30. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.									
Immediate Cause (Final disease or condition resulting in death) →		a. <b>Mechanical asphyxia</b>						minutes	
Sequentially list conditions, if any, leading to the immediate cause.		b. Due to (or as a Consequence of):							
Enter Underlying Cause LAST (Disease or injury that initiated events resulting in death)		c. Due to (or as a Consequence of):							
		d. Due to (or as a Consequence of):							
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.						31a. Was an autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31b. Were Autopsy Findings available Prior To Completion of Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32. Manner Of Death <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could Not be Determined <input checked="" type="checkbox"/> Homicide		33a. Date of Injury (Month, Day, Year) <b>11/07/00</b>		33b. Time of Injury approx. <b>7:48 P. M.</b>		33c. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33d. Describe How Injury Occurred <b>Asphyxiated during attempts to restrain during arrest by police</b>	
33e. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc. (Specify) <b>parking lot of service station at</b>				33f. Location (Street and Number or Rural Route Number, City or Town, State) <b>2098 Seymour Avenue, Cincinnati, Ohio 45237</b>					

Exh. 134